COMMON DOCUMENT NUMBER

## CITY OF SAINT LOUIS OFFICIAL FORM

LICENSE TYPE L416900

DISTRICT SUB DISTRICT

CONVENTION AND TOURISM – SLEEPING ROOM SALES TAX RETURN TO BE FILED AND PAID ON OR BEFORE THE LAST DAY OF EACH QUARTER. DELINQUENT 30 DAYS AFTER THE LAST DAY OF EACH QUARTER

		FOR QU	JARTER BEGINNING:	ER ENDING:					
			ITEMS 1 THROUG	GH 12 MUST BE C	OMPLETE	D			
. TRADE NAME					5. FEDERAL ID/SS NO.				
						6. BUSINESS PHONE			
. TRUE NAME						7. FAX NUMBER			
s. STRUCTURE						8. SALES/USE TAX NO.			
ADDRESS						9. TYPE ORGANIZATION	IND	PTN	CORP
. MAIL TO:						10. DATE BUSINESS STARTED IN ST. LOUIS CITY 11. BUSINESS TYPE			
OWNER HDOTRS						12. NO. OF EMPLOYEES			
STRUCTURE		Busine	esses that do not file and pay before	e the date printed abo	ove will be su	ubject to SUIT per RSMo	67.624.		
TI 110 00 10 5	4 T	TRADE NAME				5. FEDERAL ID/SS NO.	1		
THIS SPACE PROVIDED TO CORRECT ABOVE LINE ITEMS						6. BUSINESS PHONE			
	2.	TRUE NAME				7. FAX NUMBER			
		STRUCTURE			1	8. SALES/USE TAX NO.			
MAIL TO ADDRESS IS	"	ADDRESS				9. TYPE ORGANIZATION			
	١					10. DATE BUSINESS STARTED			
OWNER 🗆	4. N	MAIL TO: NAME				11. BUSINESS TYPE			
HDQTRS	١.	AND				12. NO. OF EMPLOYEES			
STRUCTURE	^	ADDRESS							
THOUSE									
			REPOR	RTED BY TAXPAYER	?				
		C	GROSS ROOM SALES-TRA	ANSIENT GUES	TS				
			LESS EXEMPTION	JS TAKEN					
			(ENCLOSE L						
			(ENCLOSE L	131)					
			SUB TOTA						
		I	MULITPLY BY TAX RATI						
		A PENA	ALTY OF ONE PERCENT AND INTI		_				
		PERCENT	Γ PER MONTH ON UNPAID TAXES						
		AF	TER THE LAST DAY OF EACH QU						
		T	OTAL DUE – PAY V	WITH RETU	RN				
		NAA45 0	PAYMENT RE	QUIRED WITH	H RETU	RN			

PAYMENT REQUIRED WITH RETURN

MAKE CHECKS PAYABLE TO: MAVIS T. THOMPSON, ESQ. - LICENSE

COLLECTOR

Questions concerning this return, please contact the License Collector's Office 8:00 a.m. - 5:00 p.m. Monday - Friday at (314) 622-4528.

I HEREBY CERTIFY	' AS PROVI	DED BY	LAW THAT	THE FORE	GOING IS A	TRUE
STATEMENT						

MAIL TO: MAVIS T. THOMPSON, ESQ. LICENSE COLLECTOR 1200 MARKET ST., ROOM 102 ST. LOUIS, MO 63103-2804

(PRINT NAME AND TITLE AS SIGNED)